LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH SPECIALTY MENTAL HEALTH SERVICES MAXIMUM REIMBURSEMENT RATES FISCAL YEAR 2012-13

	MODE OF SERVICE CODE T SD/MC		05D\/105		FY 2012-13
	CR/DC Code	Claiming Code	SERVICE FUNCTION CODE	TIME BASE	COUNTY MAXIMUM ALLOWANCE
SERVICE FUNCTION		1			
A. 24-HOUR SERVICES Hospital Inpatient Hospital Administrative Day	05	07, 08, 09 07, 08, 09	10-18 19	Client Day Client Day	\$1,244.09 \$419.72
Psychiatric Health Facility (PHF) Adult Crisis Residential Adult Residential		05 05 05	20-29 40-49 65-79	Client Day Client Day Client Day	\$627.78 \$354.01 \$172.67
B. DAY SERVICES	10	12, 18			
Crisis Stabilization Emergency Room Urgent Care		 -	20-24 25-29	Client Hour Client Hour	\$101.63 \$101.63
Day Treatment Intensive Half Day Full Day		 - -	81-84 85-89	Client 1/2 Day Client Full Day	\$154.94 \$217.61
Day Rehabilitation Half Day Full Day			91-94 95-99	Client 1/2 Day Client Full Day	\$90.39 \$141.08
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage Mental Health Services		 	01-09 10-19 30-59	Staff Minute Staff Minute Staff Minute	\$2.17 \$2.81 \$2.81
Medication Support Crisis Intervention		 	60-69 70-79	Staff Minute Staff Minute	\$5.18 \$4.17